

TC5 . 989

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	J	137	2/15/1
FORMALITY REVIEW	J	137	2/15/1
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Cancelled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	1/10/03
2	1/10/03
3	1/10/03
4	1/10/03
5	1/10/03
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8	1/10/03
9	1/10/03
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11	1/10/03
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Claim	Date
Final	Original
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here